



ROYAL
PHARMACEUTICAL
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Royal College
of Nursing

Working together to help patients make the most of medicines

Report of the Royal College of Nursing and
Royal Pharmaceutical Society Joint Summit
held on 2 December 2014



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I. FOREWORD

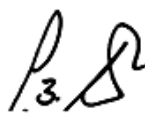
The NHS is at a crucial point with respect to interdisciplinary care. The different treatment pathways across professions and care sectors must be joined up to deliver better outcomes for patients. This is particularly the case for medicines where most of the problems relating to adherence and safety occur at the boundaries of professions and care sectors. Integrated working across professions will release talent and help patients make the most of medicines. Much more needs to be done to optimise the use of medicines, tackle polypharmacy effectively and improve patient safety. Lessons must be learnt from patient experiences that have not gone well – the patient's view is vital. Nurses and pharmacists must listen to patients and do things differently to move patient care forward. Practical interventions that have made a difference for the patient must be incorporated into service redesign. Innovative ideas and the diffusion of good practice e.g. from using the medication safety thermometer will only be achieved if nurses and pharmacists listen to one another and learn together:



Helen Gordon, Chief Executive
Royal Pharmaceutical Society

The Royal College of Nursing is delighted to work with the Royal Pharmaceutical Society on the challenges facing the collective health services. By joint working it provides a platform whereby we can maximise the efficiency of prescribing practice and optimise the undoubted skills and expertise within the respective disciplines of pharmacists and nurses.

This document provides a pragmatic way forward which should do much to enhance patient care.



Dr Peter Carter, Chief Executive
Royal College of Nursing

2. EXECUTIVE SUMMARY

Medicines remain the most common therapeutic intervention in healthcare making a significant impact on patients' wellbeing. There is still much to be done to help patients and public get the most from their medicines. Medicines use today is sub-optimal too often and health care professionals need to work together to support patients to get the best possible outcomes from their medicines.

On the **2 December 2014**, members of the **Royal College of Nursing** and the **Royal Pharmaceutical Society** gathered in London to discuss how the two professions could work together to help patients make the most of medicines.

Understanding the factors that stop patients from making the most of medicines is important so that **collaborative approaches** between nursing and pharmacy can be developed to **help patients make the most of medicines**. This should involve a focus on patient outcomes and the patient experience.

Nurses and pharmacists working together across Great Britain can help patients get more from medicines in order to:

- improve patients' health and adherence to their medicines;
- reduce the incidence of medication errors, allergic reactions to medicines and delayed/missed doses of medicines;
- reduce medicines wastage;
- support the fight against antimicrobial resistance (AMR);
- optimise medicines for care home residents.

The benefits of nurses and pharmacists **working together to help patients make the most of medicines** should be promoted. It was suggested that the barriers to closer working between the nursing and pharmacy professions can be overcome primarily by understanding each of the professions' roles and by sharing knowledge and good practice at local and national levels. Local and national joint meetings between the RCN and RPS to address important medicines issues affecting patients can support this. Nurses and pharmacists must take on the challenges involved with the optimal use of medicines and support one another in leading change to make a difference for patients.

3. WHY THE SUMMIT?

Medicines play a vital role in maintaining health, preventing illness, managing long-term conditions and treating disease. Medicines remain the most common therapeutic intervention in healthcare making a significant impact on patients' wellbeing. However there is still much to be done to help patients and public get the most from their medicines:

- fifty per cent of patients with long-term conditions do not take their medicines as prescribed¹;
- in hospitals the General Medical Council's EQUIP study demonstrated a prescribing error rate of almost nine percent²;
- in general practice an estimated 1.7 million serious prescribing errors occurred in 2010³;
- over half a million medication incidents were reported to the NPSA between 2005 and 2010. 16% of them involved actual patient harm⁴;
- in primary care around £300 million per year of medicines are wasted (this is likely to be a conservative estimate) of which £150 million is avoidable⁵;
- the threat of increasing antimicrobial resistance (AMR) is cause for great concern – particularly the rapid development of bacterial resistance to antibiotics. The estimated cost of infections and infectious diseases is £30 billion each year⁶.

Sub-optimal medicines use is not confined to health care, in social care over two thirds of care home residents are exposed to one or more medication errors every day⁷.

Nurses, pharmacists (and other members of the multi-disciplinary team) need to work together to improve patient outcomes, help patients take their medicines correctly, avoid the prescribing of unnecessary medicines and improve patient safety.

On the 02 December 2014, members of the Royal College of Nursing and the Royal Pharmaceutical Society gathered in London to discuss how the two professions could work together to help patients make the most of medicines. This report summarises drivers for improving patient care, reasons for patients not making the most of medicines and how the two professions can work together by overcoming barriers and sharing good practice.



4. DRIVERS FOR IMPROVING PATIENT CARE

Across Great Britain, health policy to support helping patients make the most of medicines is focussed on the following areas:

Helping patients to make the most from medicines and improve adherence especially for patients with long term conditions

Reducing the incidence of medication errors causing serious harm to patients

Reducing wastage including the prescribing of unnecessary medicines for patients

Countering the increasing threat of antimicrobial resistance

Improving medicines usage in care homes for residents

Enhancing the quality of life for people with long-term conditions is a key indicator described in the NHS Outcomes Framework 2014-2015⁸ for England. Ensuring patients feel supported to manage their condition, by improving their functional ability and reducing time spent in hospital are cited as improvement areas. Medicines play a vital role in managing long-term conditions so increasing adherence to medicines enhances quality of life and health outcomes.

Reducing the incidence of medication errors causing serious harm is also a priority identified in the NHS Outcomes Framework 2014-2015⁸. Improvements to reporting and learning from medication errors were also identified in a stage 3 (Directive) Patient Safety Alert⁹. The Medication Safety Thermometer¹⁰ enables wards, teams and organisations to understand the burden of medication error and harm, to measure improvement over time and to connect front line teams (including nurses and pharmacists) to the issues of medication error and harm (including missed or delayed doses).

In Scotland the priorities identified in the 'Route Map to the 2020 Vision for Health and Social Care'¹¹ are person-centred care and safe care. The Scottish Government's 'Prescription for Excellence: A Vision and Action Plan'¹² requires collaborative partnerships between health and social care professionals to deliver the best possible health outcomes for patients from their medicines.

NHS organisations across Great Britain are exploring ways of reducing wastage through quality improvement approaches and putting in place local solutions. This is particularly important as there is on going pressure on NHS resources. The NHS in England faces a £30 billion funding gap by 2020/21. It is therefore imperative to minimise medicines wastage. Improving the use of medicines for better outcomes and reduced waste: an action plan¹³ sets out how medicines wastage can be minimised by the NHS by targeted support for patients in primary and community care, by effective use of patients' medicines in hospitals, care homes and for end of life care. In addition, actions are focussed on engaging people in decisions about their medicines and improving communications between healthcare professionals.

Key actions the Welsh Government are undertaking to deliver 21st Century Healthcare¹⁴ include supporting the self-care of patients by working to promote understanding and adherence with prescribed medication as well as significantly reducing the amount of waste medicines.

The UK Five Year Antimicrobial Resistance Strategy⁶ describes the actions needed to tackle the important public health issue of antimicrobial resistance – particularly resistance to antibiotics. Principle among these actions is using the antibiotics we have appropriately by optimising prescribing practice. The RCN and RPS along with the UK Faculty of Public Health, the Royal College of Physicians and the Royal College of General Practitioners have produced a joint statement on AMR setting out areas where they are committed to taking action. In addition, the Antibiotic Guardian campaign asks professionals and public to take action and help make sure antibiotics work now and in future.

The Making Care Safer report¹⁵ suggested solutions about improving medication management in care homes stating that the overarching approach should be system-wide involving many different groups working together. Among the suggested solutions included improving the prescribing and administration of medication such as:

- protected drug rounds;
- time to ensure medication is taken;
- timing medication to suit the individual resident;
- formal process for medications review.

5. WHAT STOPS PATIENTS FROM MAKING THE MOST OF MEDICINES?

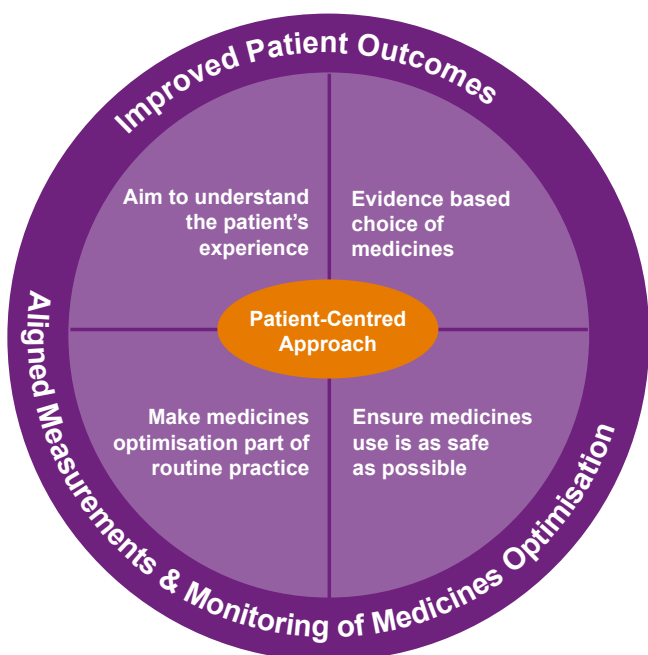
There are many factors that stop patients from benefiting from medicines. These include a lack of understanding about their medical condition, why they need to take medicines, what the medicines do and how the medicines work. There may be practical difficulties concerning administration or difficulties in accessing medicines. Side effects including the fear of the harmful effects of medicines may also contribute to non-adherence.

The patient may be prescribed more medicines than they need with little opportunity for review. Furthermore, patients sometimes feel that the decision for prescribing a medicine for them did not involve shared-decision making.

6. WORKING TOGETHER TO HELP PATIENTS GET THE MOST FROM MEDICINES

Nursing care and pharmaceutical care can deliver positive health outcomes for patients. For instance, nurses and pharmacists applying the principles of medicines optimisation as part of their routine practice can help ensure that patients to get more from their medicines. Medicines Optimisation: Helping patients to make the most of medicines¹⁶ sets out four guiding principles to Medicines Optimisation – see figure 1.

Figure 1. Summary of the four principles of medicines optimisation



The principles describe how all health professionals can enable patients to improve their quality of life and outcomes from medicines use.

Nurses and pharmacists can help patients by:

- delivering clear explanations about the patient's medical condition, what medicines are for, why they need to be taken, and how they work (including the likelihood of side effects);
- planning the patient's care with the patient truly at the centre;
- exploring the patient's health beliefs about medicines;
- discussing the practicalities of how to take medicines;
- informing decision making – giving the patients real choices about their medicines;
- widening use of Medicines Use Reviews and the New Medicine Service;
- increasing the use of technology such as electronic prescriptions to improve access to medicines;
- advising patients on compliance aids;
- making nurses and pharmacists available for follow-up so questions may be asked and action taken if necessary.

6. WORKING TOGETHER TO HELP PATIENTS GET THE MOST FROM MEDICINES (CONT)

Case studies

CASE STUDY: ADHERENCE

Why can't patients self-medicate? – Royal National Orthopaedic Hospital

A joined up approach to implementing self-administration of medication between the pharmacy and nursing teams was undertaken at the hospital in order to improve patient adherence and the patient experience. A multi-professional stakeholder group was engaged to implement the appropriate governance to enable self-administration. The outcome was that self-administration gave the patients more control and greater understanding of their medicines.

CASE STUDY: WASTAGE

Supporting older people in the community to optimise their medicines including the use of multi-compartment compliance aids (MCAs) – East and South East England Specialist Pharmacy Services

A resource was developed to help health and social care organisations to work together to optimise patient care. It reviews options for medicines optimisation for older people particularly focussing on the appropriate and cost-effective use of MCAs. It includes material that supports the examination of repeat prescribing and at least one health economy had worked with local stakeholders to reduce seven day prescriptions thereby reducing wastage.

CASE STUDY: CARE HOME

Shine Care Home Project – Northumbria Healthcare NHS Foundation Trust

Nurses and pharmacists produced a clinico-ethical framework for the multi-disciplinary review of medication in nursing homes. Efficient ways of running a multi-disciplinary team were tested and concluded that the core members needed to be the pharmacist and care home nurse. Structured medication reviews were conducted for 422 residents and 1,346 interventions made, the majority of which were stopping medicines. The outcomes of the project were an improvement in the quality of care and reduced costs.

CASE STUDY: SAFETY

Reducing avoidable dose omissions: a quality improvement initiative using time series analysis to assess the impact of a complex intervention – University College London Hospitals NHS Foundation Trust

One of the trust's top ten objectives was to improve patient safety by reducing medication errors, specifically avoidable dose omissions. This initiative was led by nurses and pharmacists. An assessment of the problem and an analysis of the causes revealed that the highest number of omissions was reported at the administration stage. This and other findings were shared with the multi-disciplinary medication safety committee (which included doctors, nurses and pharmacists). Dissemination of the findings by the committee to the relevant wards helped to engage staff. Matrons took responsibility for action plans. A crucial requirement to implement changes was the need for regularly and timely data on omitted doses. As reducing dose omissions was a high priority at the organisation with all staff groups aware and engaged with achieving the defined targets. Local champions were engaged and empowered to lead improvement rather than offering a solution with a top-down approach.

CASE STUDY: ANTIMICROBIAL RESISTANCE

Troubled waters: Improving antibiotic stewardship and formulary adherence in care homes – Newcastle-upon-Tyne Hospitals NHS Foundation Trust

A multidisciplinary continence team consisting of nurses and pharmacists worked together for 12 months in order to prevent acute readmissions to hospital from care homes. Through multi-disciplinary team working the following important issues were addressed:

- appropriateness of antibiotic prescribing for urinary tract infections and catheter associated urinary tract infections;
- safe and effective use of continence products.

The outcome was an increase in formulary adherence from 62% to 94%. This was achieved by designing and utilising a clinical audit tool, working with prescribers and training care home staff to encourage antibiotic stewardship.

7. WHAT ARE THE BARRIERS TO CLOSER WORKING BETWEEN NURSES AND PHARMACISTS?

Healthcare is complex, healthcare professionals often have multiple competing urgent priorities. This complexity can be compounded by a lack of understanding of each other's roles and the place of these roles within the local healthcare system. Sometimes roles overlap, which can lead to conflict because of unclear boundaries. There can also be competing perceptions about the skill-set that nurses and pharmacists bring to patient care.

Nursing and pharmacy are both health care professions. However, communication is sometimes a challenge with each profession speaking its own language and making its own interpretation about what is required from medicines use. Communication within and across organisations does not always support a good patient experience – particularly on transferring between care settings.

Resources within the health service are limited and this can make it a challenge to develop multi-disciplinary approaches. This can also mean that practitioners/services take a 'fire fighting' approach to patient care by focusing on responding to urgent situations rather than planning care in a structured way. This can create a strategic barrier and an approach that favours the protection of silos rather than professions collaborating and undertaking longer-term planning of services for patients. Indeed nurses and pharmacists are usually employed in separate departments or organisations. The culture of organisations and workplaces does not always lend itself to the principles of medicines optimisation and multi-disciplinary working.



8. OVERCOMING BARRIERS TO CLOSER WORKING

Work shadowing or spending time in each other's work places can help professionals understand the roles of nurses and pharmacists – what aspects of the roles are unique – particularly the skills and knowledge and those elements where there is overlap. This helps with referrals (nurse to pharmacist and vice versa) and support i.e. undertaking activities on behalf of one another. Identifying how each profession utilises its skill sets can facilitate focussing the right skills at the right time for patients so they receive the right medicine at the right time. Rather than each profession spending time focusing on explaining why they do things the way they do, the focus should be on how the professions can collaborate to improve patient care. This might include agreeing shared values, attitudes and behaviours which can ultimately be used to change organisational culture if required.

Nurses and pharmacists should agree a shared language about medicines and how they will approach medicines optimisation.

Communication within organisations (e.g. the use of medicines safety bulletins jointly produced by nurses and pharmacists) can help highlight patient safety issues that relate to medicines. Joint assessment of patients can help professionals understand the help that is needed e.g. the patient's health beliefs and what is important to them. Handovers between shifts are also important – these must include medicines related problems.

Learning from medicines incidents and near misses is important if safety is to be improved. Nurses and pharmacists by jointly collating and analysing baseline data on medicines can monitor prescribing and administration of medicines, making improvements when necessary.

For example by jointly monitoring missed doses on a ward, nurses and pharmacists can take joint ownership to reduce delayed or omitted doses. Trends in prescribing of antibiotics and resistance can also be jointly monitored.

The **use of technology** (including videoconferencing, telemedicine, summary care records and electronic prescribing) supports handover of care between settings. Nurses and pharmacists can support one another with making the use of such technology truly in favour of patient outcomes. Multi-disciplinary teams can also be set-up across the interfaces of care.

Employing **nurses and pharmacists in shared teams** supports a multi-disciplinary approach. For instance, there are examples of nurses being employed in pharmacy departments in NHS hospitals and also pharmacists employed by specific wards or directorates. Community pharmacists working in pharmacies that are part of a health centre are more able to build up strong relationships with nursing colleagues. Creating shared policies and procedures as well as involvement with care pathways and joint involvement in service planning also go a long way to removing barriers between nurses and pharmacists.

Shared education at an undergraduate level onwards – that is, inter-professional learning, helps build a multi-disciplinary approach early in a professional's education. Delivering post-registration education and training in joint learning events is also a positive approach.



9. WHAT THE SUMMIT CONCLUDED

Nurses and pharmacists working together across Great Britain can help patients get more from medicines in order to:

- improve patient's health and adherence to their medicines;
- reduce the incidence of medication errors, allergic reactions to medicines and delayed/missed doses of medicines;
- reduce medicines wastage;
- support the fight against AMR;
- optimise medicines for care home residents.

By understanding each other's roles more fully, nurses and pharmacists can help patients adhere to their medicines better e.g. by jointly planning care and assessing patients in order to understand the help they need. It is essential that nurses and pharmacists really listen to patients, understand their health beliefs and what is important to them, and design care around them.

Joint nursing and pharmacy interventions have made a big difference to patient care. Examples include; jointly monitoring medication errors, medicines allergy and delayed/missed doses of medicines, and supporting the implementation of medication safety officers. By sharing good practice more improvements can be made to patient safety.

Antimicrobial resistance is emerging as a highly significant threat to patient care. Strong leadership is required from nursing and pharmacy to prevent infections and challenge poor prescribing practice of antibacterials in particular. Nurses and pharmacists should support the antibiotic guardian campaign and make pledges. <https://www.gov.uk/government/news/join-over-1500-antibiotic-guardians-choose-a-pledge-today-to-help-tackle-antibiotic-resistance>

Nurses and pharmacists can work with patients/carers and staff at a care home to review medicines e.g. timing administration that fits with the patient (rather than the system's processes) – this improves adherence. Quality improvement tools such as mapping the patient journey and using plan-do-study-act to deliver better care also make a big difference.

The benefits of nurses and pharmacists **working together to help patients make the most of medicines** should be promoted. It was suggested that the barriers to closer working between the nursing and pharmacy professions can primarily be overcome by understanding each of the professions' roles and by sharing knowledge and good practice at local and national levels. Local and national joint meetings between the RCN and RPS to address important medicines issues affecting patients can support this. Nurses and pharmacists must take on the challenges involved with ensuring the optimal use of medicines and support one another in leading change to make a difference for patients.



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Published by: Royal Pharmaceutical Society
020 7572 2737
www.rpharms.com

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